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PUERPERAL FEVER.

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IT is with considerable diffidence and hesitation, that I communicate a case or two of "puerperal fever," out of a number that occurred in my practice last season, from the fact that medical men of the first eminence differ so much in regard to its nature and mode of treatment. Ramsbotham says, in speaking of the different writers on this subject, that "they have each faithfully recorded, no doubt, the phenomena they themselves observed, and as faithfully handed down the effects of the remedies employed; but the histories themselves carry with them internal evidence that the diseases described have differed widely from each other in their very essence, though all have borne their title, 'puerperal fever.'" He also says (with many others) in regard to the epidemic variety, that it is his opinion, from the numerous facts published, that it partakes largely of the nature of *erysipelas*. This opinion we have been led more fully to endorse, from the circumstances attending the epidemic as it occurred in our vicinity the latter part of the winter and spring of 1856. At the time of its appearance, erysipelas and scarlet fever were rife—the former, in particular, being quite prevalent. In fact, the first case was in the hands of a neighboring practitioner, who had two very severe cases of erysipelas in his own family at the time.

The case occurred the first of February, some ten days after confinement. The patient was 25 years of age, of nervous temperament, her constitution considerably debilitated from often-repeated attacks of intermittent fever, which was quite prevalent the fall previous.

The patient failed so rapidly after the onset of the disease, that counsel was called the second day, consisting of myself and two

other physicians. I found the patient in the dorsal position, with the legs extended, showing great prostration. There was exquisite tenderness over the entire abdomen; so much so, as not to bear the slightest pressure, with considerable tympanites. Pulse 150. Tongue dry, and reddish-brown in the centre, with a yellowish-white coating at the edges. Perspiration hurried and laborious. Countenance cadaverous, and in short all the symptoms denoting a speedy dissolution; which, in fact, occurred in a few hours after.

Treatment.—The patient from the first was treated upon the mercurial plan. Submur. hydr. gr. xxx. were ordered, to be followed in three hours with rhei gr. xxx., by which five or six good discharges from the bowels were secured. After which, R. Calomel, gr. xxxij.; ipecac, opii, āā gr. iv. Mix. Divide into eight powders. One to be given every two hours, alternated with thirty drops of turpentine, with mercurial inunction over the body generally. This was continued 12 hours, when a blister sufficiently large to cover the entire abdomen was applied, which drew in eight hours, and was dressed with mercurial ointment. Patient no better. Bowels moving frequently. Withdrew the turpentine and substituted stimulants—brandy, carbonate of ammonia, &c. Continued same powders and inunction. Still the patient continued to sink rapidly until the evening of the second day, when she expired.

Case I.—Feb. 7th, I was called to see Mrs. R. in her fourth confinement. A woman of good, healthy constitution and nervous-bilious temperament. Labor natural. Child of medium size. She continued to do well until the fifth day, when I was summoned, at 7, A.M. Found the patient had had slight rigors in the night; pulse 120, soft, and easily compressed; slight sickness at the stomach, with occasional vomiting; tenderness at the epigastrium, with severe darting pains through the abdomen; tongue soft and flaccid, covered with a yellowish cream-like coating.

Treatment.—The patient had taken a dose of cathartic pills at 6, A.M.; I therefore ordered castor oil, combined with a few drops of croton oil, to be given at 9, A.M., and repeated every four hours until the bowels were moved, after which R. Quinine, gr. xxxvi.; calomel, gr. iij.; opium, gr. vi.; ipecac, gr. iss. Mix. Divide into six powders. One to be taken every two hours, with hop fomentations to the abdomen. 4, P.M.—Patient not so well. Bowels moved twice about 1, P.M. Pulse 140; exquisite tenderness over greater part of abdomen, accompanied with acute pain; respiration considerably quickened; urine scanty and high colored, and voided with great difficulty. Had taken a part of two powders since the operation of physic; I might say the whole, but she retained only a part, vomiting shortly after taking them. Ordered a strong liniment of chloroform applied to the stomach

and bowels, and the powders taken every hour for six hours, and every three hours after.

13th, 8, A.M.—Patient about the same; rested somewhat the latter part of the night. Kept the medicine down without much difficulty. Complained of a slight ringing in the ears. Pulse 130, and a little more full. Abdomen somewhat tympanitic. Continued the same powders every three hours, with sweet spirits of nitre, ʒ i., between. 6, P.M.—Symptoms same as in the morning. Medicine to be continued, with the same local application.

14th, 7, A.M.—Pulse 128. Slept well. Abdomen more tympanitic than at last visit. Tenderness about the same. Pain still relieved by chloroform liniment. Ordered, quiniæ, gr. xxiv.; pulvis opii, gr. viij.; chlo. sodium, gr. xxxij. Mix. Divide into eight powders. One to be taken every four hours. 5, P.M.—Pulse 125. Skin cool. Tongue shows a disposition to clean. Abdomen not so tender to touch. Urine passed with less difficulty. Treatment same.

15th, 8, A.M.—Pulse 120. Tongue cleaning in centre. Bowels moved in the night by aid of enema. Continued same treatment.

16th.—Still improving. Continued treatment.

17th.—Complains of some pain in right side. Tongue moderately clean in centre, and smooth. Abdomen not so tympanitic. Ordered mustard to side. Treatment same.

18th, 2, A.M.—Was summoned in great haste. Found patient with anxious countenance. Respiration hurried. Pulse 140, with severe pain in the side. Right pleura considerably inflamed, extending more or less into the lung. Tongue slightly coated, soft and trembling. Applied chloroform liniment to side in place of mustard, and gave as much wine as the patient would bear; also iodide of potassium, gr. iij., between the powders. 8, A.M.—Pulse 126, and full. Respiration not so hurried. Continued wine.

19th.—Pulse 120. In the last twenty-four hours has taken one quart of wine. Slept well last night.

The above was continued ten days with but little alleviation in symptoms, after which the patient began slowly to improve, and in two weeks was discharged. She took a pint and a half of the best port daily, from the time it was first ordered, until her dismissal.

Case II.—Mrs. B., aged 34; Scotch; short, thick-set; robust constitution; sanguine temperament. Was confined Feb. 9th, with her third child. Labor easy and speedy, terminating at 9, A.M. Was called again at 10; found her flowing profusely. Administered ergot, and applied cold and friction over region of uterus. As she was sinking so rapidly, I thought it hazardous to wait their action. I introduced the hand into the uterus, and found it dis-

tended with a clot, which, together with the hand, was soon expelled by uterine contractions; causing the patient to express herself as "greatly relieved."

10th, 9, A.M.—She was seized with a severe chill, which lasted about an hour, after which fever set in; pulse rose to 130, with great pain and exquisite tenderness over greater part of abdomen. Urine scanty, and high colored. Breasts flaccid. Ordered quinine, gr. xl.; opium, gr. viij. Mix. Divide into eight powders. One to be taken every two hours. Sweet spirits of nitre, ʒi., between.

11th, 8, A.M.—Pulse 120. Tongue whitish brown. Abdomen tympanitic, and not tender to touch. Continued same powder every three hours, and chloroform liniment to abdomen. 5, P.M. —Symptoms same. Gave cathartic—castor oil, ʒ iij.

12th, 8, A.M.—Pulse 112. Abdomen not so tympanitic. Bowels moved in the night. Powders every four hours, with nitre, and wine occasionally. From this, the patient continued to improve rapidly, on the same treatment, with diminished doses, until the 20th, when she was discharged.

Remarks.—I had come to the conclusion, from the known effects of *quinine* in erysipelas, to give the remedy a fair trial in "puerperal fever," should the opportunity present; believing, as I did, in its erysipelatous nature. I would say that I have not had cause to regret it; for out of twelve cases treated as above, none died, while neighboring practitioners, more antiphlogistic in their treatment, who were loth to use "a remedy applicable only in ague," lost from one fifth to one third of their patients.

I also believe that quinine possesses the same *prophylactic* power in puerperal fever, that it does in ague. This conclusion I was led to, from the fact that no cases occurred after I commenced the use of the remedy for that purpose. My mind was first led to its use, as a preventive, from having a patient who had suffered more or less, for two months, with intermittent fever. And, for the purpose of relieving that difficulty only, I prescribed quinine gr. ij., morphine gr. ¼, to be taken every two hours, which was continued for sixteen hours. This was some three days previous to confinement. After confinement, I ordered the same doses of quinine, without the morphine, every six hours, for two days. The patient had no puerperal difficulty, as I had great reason to expect she would have, from the fact that she was unusually exposed by residing in the house with her sister, who had but recently recovered from the disease. Taking that as a good omen, I pursued the same course with all my patients after, and with the same result. I sometimes, however, found it necessary to increase the dose to six or eight grains, if they began to show symptoms of the disease, which immediately relieved them.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 340.]

§ XIV. We have tried, in the preceding part of this paper (see § XIII.), to show the deficiencies of the principal theories of epilepsy. We will now state our own views, but before doing so, we wish to declare that we do not pretend to give here a complete theory of epilepsy; we will merely try to elucidate some of the principal questions on this difficult subject.

I have ascertained upon my epileptic animals that the brain is not essential to the production of epileptiform convulsions. After I have taken away the brain proper, in one of these animals, I find that I can produce a fit almost as easily as before the operation, by pinching the skin of the face and neck. The only difference is, that the fit is not so violent, in consequence of the loss of blood. We find that still weaker convulsions may be caused by pinching the face and neck, if, besides the cerebral lobes, we take away the cerebellum, and even the whole of the basis of the encephalon, except the medulla oblongata and the pons Varolii.

From these experiments it results that, in my animals, epilepsy has its seat in either the pons Varolii, the medulla oblongata, or the spinal cord, or in these three parts together. It is very probable that its seat is in the upper part of the spinal cord, in the medulla oblongata, and the pons Varolii, where the roots of the trigeminal and of the first spinal nerves have their origin. According to some experiments made by Edward Weber and Dr. R. B. Todd, the faculty of producing epileptiform convulsions does not belong to the spinal cord. E. Weber (Art. *Muskelbewegung*, p. 16, in Wagner's *Handwörterbuch der Physiol.*) says, that the application of an electro-magnetic current to the spinal cord of frogs produces tetanic convulsions, while its application to the medulla oblongata causes alternate contractions and relaxations, as in epileptic fits. Dr. R. B. Todd (*London Med. Gazette*, May 11, 1849) states, that while the convulsions excited by the electro-magnetic current passing through the spinal cord and medulla oblongata are tetanic, the muscles being thrown into a state of *fixed* contraction, those which ensue when the current is transmitted through the region of the meso-cephalon and corpora quadrigemina are *epileptic*, being combined movements of *alternate* contraction and relaxation, flexion and extension, affecting the muscles of all the limbs, of the trunk, and of the eyes, which roll about just as in epilepsy. We have performed similar experiments upon rabbits and frogs, which have given almost the same results. In rabbits, when the current was passed through the pons Varolii and the tubercula quadrigemina, there were alternate movements of flexion and extension, resembling those of epilepsy, but much more extensive.

When the current passed through the medulla oblongata, there were tetanic movements of the anterior limbs, with epileptiform convulsions of the posterior limbs; sometimes the anterior limbs also had epileptiform convulsions. When the current passed through the spinal cord, a tetanic spasm was produced. We have found that a state strongly resembling a fit of epilepsy exists after a transversal section of the upper part of the medulla oblongata, which state continues to exist as long as the animal lives. We must not, however, conclude from these experiments that the seat of epilepsy is only and always in one or in all of these parts —the tubercula quadrigemina, the pons Varolii and the medulla oblongata. Pressure upon these parts has often taken place in man without causing epileptiform convulsions, or convulsions of any kind. More than ten of the cases of organic diseases of the encephalon, collected by Abercrombie (*Path. and Pract. Researches on the Diseases of the Brain and Spinal Cord*, 4th ed., 1845, p. 433–457), afford sufficient proof of this assertion. The results of the experiments of Weber, of Dr. Todd, and of our own, are certainly interesting, but they cannot lead to the conclusion that the convulsions of epilepsy in man result *constantly* from some affection of the quadrigeminal bodies (as Dr. Todd believes), or of the pons varolii and medulla oblongata. It must be remembered that the experiments upon animals are made on healthy nervous centres, and that disease changes the vital properties of these centres. Tetanus, or at least, tetanic convulsions, are sometimes due to diseases of the encephalon, and we have shown already (see § X.) that the nature of the convulsions has not any constant relation with the parts of the cerebro-spinal axis (spinal cord or encephalon), primarily diseased in epilepsy. We know that the muscles animated by nerves arising from the encephalon, or by nerves from the spinal cord, very often exhibit the same kind of convulsions in epilepsy, in tetanus, in hydrophobia, in poisoning, &c. Besides, in a great many epileptics, the first convulsions in an attack are tonic (tetanic), and they are succeeded by clonic convulsions. In other epileptics the fits are sometimes entirely tetanic, and sometimes, though more rarely, entirely clonic. In certain animals, Dr. Martin-Magron and myself have discovered (see my *Experimental Researches applied to Physiology and Pathology*, New York, 1853, p. 20) that irritation of the medulla oblongata caused by tearing out the facial nerve causes convulsions which are partly tonic and partly clonic. Other irritations of the medulla oblongata, of the upper part of the spinal cord, of the pons Varolii and its peduncles, of the tubercula quadrigemina, of the auditory nerve, &c., cause also tonic and clonic convulsions (see my work just quoted, p. 18–23, and p. 99). These facts, and many others, compared to the effects of galvanization, show positively that

different kinds of irritation produce different effects, and, therefore, we cannot conclude from the fact that epileptiform convulsions are produced by galvanic irritation of the pons Varolii or other parts of the encephalon, that it is an irritation of these nervous centres which causes epilepsy in man.

If we neglect the nature of the convulsions and take notice only of the parts of the body where they first occur, we arrive at the conclusion that the seat of epilepsy is very variable. Usually, however, the first spasmodic contractions occur in the muscles of the larynx, of the neck, of the eyes, of the chest, of the face, and in the blood-vessels of the brain proper, as we will show hereafter; and as these parts are animated by nerves coming from the encephalon and from the upper parts of the spinal cord, it seems that the seat of epilepsy is usually in some of these parts, if not in all. But the seat of this disease may be in other parts of the spinal cord, as seems to be proved by the production of the first spasmodic contractions in one of the limbs, either the inferior or superior. After the first fits, all the muscles of the body may be attacked with convulsions; so that if we take notice of the loss of the actions of the brain proper, there is ground for thinking that the seat of the disease is both in those parts of the cerebro-spinal axis where reside the faculties of Perception and Volition, and in those endowed with the reflex faculty; but this view is right only in appearance. We have shown already (see § XIII.) that the loss of perception and volition does not prove that epilepsy has its seat in the brain proper; we will try, in a moment, to show the great probability that a contraction of the bloodvessels of the brain proper, due to an irritation of their nerves in the spinal cord and medulla oblongata, causes the loss of the cerebral faculties; and as regards the increase of the reflex faculty, we will show that a partial and a local increase is sufficient for the production of fits.

Are epileptic fits always the result of an excitation of the cerebro-spinal axis? We think that it is so, but we consider it possible, however, that the excitation arises from chemical and physical changes taking place in the elements of the nervous centres, from bad nutrition and other causes. In this case it is just the same thing as if an excitation was produced by a tumor, by a poison in the blood, or by a nervous influence arising from some irritated nerve, &c.

As physiology teaches that irritation of the simple direct motor side of the cerebro-spinal axis cannot cause general convulsions, we are entitled to consider as reflex the convulsive movements which result from direct excitations of the nervous centres, as well as those which result from irritations coming from peripheric nerve-fibres. The so-called *centric* and *eccentric* causes of excitation of epileptic fits, both act on, or through the sensitive

side of the cerebro-spinal centres, and consequently both act on the reflex faculty of these centres, so that they both ought to be called reflex excitations.

We think epilepsy depends in a great measure on an increased reflex excitability of certain parts of the cerebro-spinal axis. We shall no longer speak of reflex *faculty* or reflex *property*, because these words do not express what we mean. In all muscular and nervous tissues we find two distinct properties; a property of producing actions, the force of which may vary extremely, and a property of receiving excitations, which we call excitability. One of these two properties may be very strong, while the other is very weak. Take, for instance, the muscles of cold-blooded animals; when the temperature is very low, their excitability is not very considerable, while their force of contraction is very great. When the temperature is high, on the contrary, the least excitability induces them to contract, but their contraction is without force. Again, if we take an atrophied muscle, we find, sometimes, that it may be excited to contract by a galvanic current too weak to excite contractions in a healthy muscle, while if we apply a strong stimulus to both, we find that the healthy muscle contracts with much more force than the atrophied one. Many experiments, which we will publish in another paper, have shown us that the reflex faculty of the cerebro-spinal axis is composed, as the muscular contractility is, of two elementary, vital properties, one of which we call the *reflex excitability*, and the other the *reflex force*. The cerebro-spinal axis may have a great reflex force, and very little excitability. It may, on the contrary, have an excessive reflex excitability with very little reflex force. In almost all epilepties, if not in all, the reflex excitability is increased, while the reflex force is rarely above, and often below its normal degree. The reflex excitability may not be much increased, although it is sufficient for the production of the fit, when certain excitations exist. I have found in my animals that there is not a great increase of the reflex excitability of the cerebro-spinal axis, except in a part of the spinal cord which is separated from the rest, and has no share in the fits. In several persons attacked with epilepsy, I have ascertained that the excitations most capable of producing reflex movements did not act more powerfully than in healthy persons, although the experiments were made a short time before a seizure, that is, at a time when the reflex excitability ought to have been at its highest degree. In a young girl, particularly, we have ascertained that tickling the sole of the foot, the axilla, the lips, &c., produced less reflex movements than usual, although she was then expecting a fit, which came on, in fact, about ten minutes afterward. The researches made by Romberg and Professor Hasse (see his admirable work on *Krankheiten des Nervenapparates*, in Virchow's *Handbuch der Pathologie*, Vol. IV., Part 1st 1855, p.

254) on the production of reflex movements during fits of epilepsy, cannot prove much against or in favor of the existence of a great reflex excitability, or reflex force in epileptics, because if the experiment be made in the beginning of the fit, it is almost impossible to know whether the convulsions result from the experimental excitations, or are normal parts of the fit; and if the experiment is made at the end of the fit, the absence then of reflex movements proves only that the fit has exhausted the vital properties of the muscular and nervous tissues. Hasse concludes, from his own and from Romberg's experiments, that the greatest variety in the energy of reflex phenomena exists during the fits of epilepsy.

Whilst we admit that in epilepsy there is almost always, and perhaps always, an increased reflex excitability, alone or together with an increased reflex force, we admit also that there is, in a great many cases of fits of epilepsy, a special kind of excitation, acting on the nervous centres. There are, therefore, three distinct elements for the production of a fit.

1st. Increase of the *force* of the reflex property;

2d. Increase of the *excitability* of this property;

3d. An excitation of a special nature, or a very violent one.

Of these three elements, the last two are the most frequent, and perhaps, as we have said, the first of these two is essential. As regards the share of a special excitation in the causation of epilepsy, the cases we have related of the cure of this disease by the section of a nerve, by ligatures, &c., show how considerable it may be. But in my animals, we have, in this respect, a better illustration. When the nerves going to the parts of the face and neck, by the irritation of which we are able to cause fits, are laid bare, we find that their irritation does not produce convulsions. If, in these animals, the fits depended only upon an increased reflex excitability of the parts of the nervous centres whence the nerves originate, we should see convulsions follow when we irritate the trunks of these nerves. As there are none, we must admit that when an irritation (and a slight one is often sufficient) to the cutaneous ramifications of these nerves in the skin causes a fit, there is something special in the nature of the excitation springing from these cutaneous nerves. However, there is in my epileptic animals, an increased degree of reflex excitability in the cerebro-spinal axis, as we find, even after the section of the nerves of the face and neck, that they have convulsions sooner, and lasting longer, than a healthy animal, when we prevent them from breathing for two or three minutes.

[To be continued.]

Ten days is said to be the youngest age at which the operation for hare-lip has been performed at King's College Hospital, London.

Bibliographical Notices.

Transactions of the Medical Society of the State of New York. Transmitted to the Legislature February 9th, 1857. Albany: C. Van Benthuysen, Printer to the Legislature. 8vo. Pp. 292.

This volume is in many respects a manifest improvement upon its predecessor of last year, concerning which our duty as impartial critics compelled us to make some disparaging remarks. In respect to typographical accuracy, at least, we have no complaint to make; we have hardly noticed a single error of the kind which were so numerous in the "Transactions" for 1855. The volume contains the Semi-Centennial Address, by Dr. Alden March: the Historical Address, by Dr. Sylvester D. Willard; a Eulogy on Samuel McClellan, M.D., by Dr. Thomas W. Blatchford; biographical sketches of several deceased members; a series of papers presented at the Annual Meeting, and selected for publication; and a table of contents and an index to the Transactions of the Society for the past twenty-five years.

The Semi-Centennial Address of Dr. March consists chiefly of a rapid sketch of the progress of the arts and sciences, and especially of medicine, during the past fifty years. It is interesting as a review of an astonishing series of remarkable inventions and discoveries, and is worthy of the occasion; but like the greater part of such addresses, being written *for* the occasion, it is not of sufficient value to warrant its being printed in a volume which ought to contain only such papers as are likely, from their practical or historical character, to be of service to the profession, or to the Society for whose use they are published. Under this latter head we must rank the "Historical Address" of Dr. Willard, containing a history of the Society, and sketches of some of its most distinguished members. These addresses, and the biographical sketches which follow them, occupy the first ninety pages of the book.

The first paper on a medical subject is a well-written and interesting one on the subject of *Cholera Infantum*, by Dr. Edward H. Parker, of New York city. The object of the writer is to prove that the assemblage of symptoms known by this name is not entitled to be considered as a distinct disease, peculiar to this country, but that it is only an aggravated form of continued and simple diarrhœa, or of entero-colitis. He also denies the statement of Dr. Wood, that "perhaps the most alarming symptoms are those of hydrocephalus, occurring in the advanced stages." "*Hydrocephaloid* is the actual condition, and not *hydrocephalic*." "The cool head, the depressed fontanella, the previous or continuing exhaustive disease, the rapid improvement under the use of tonics and stimulants, should have opened the eyes of practitioners to the actual cause of the symptoms," viz., a condition of anæmia or exhaustion. Dr. Parker shows that the disease is described by European writers, under other names, and he appeals to statistics to prove that it is no less prevalent in the country than in cities. He considers that the principles of its treatment are the same as those of diarrhœa and entero-colitis. In chronic cases, where a series of bloody discharges occurs, that is, when the colitis is more severe and prominent, and when the condition approaches that of dysentery, he praises a mixture of about ten grains

of blue mass, rubbed up in two drachms of syrup of rhubarb, to which is added half a teaspoonful of paregoric and four ounces of chalk mixture; of this, a teaspoonful every two or three hours is the dose. We commend Dr. Parker's paper to the attention of practitioners.

"*Improvements of the Public Health, and the establishment of a Sanitary Police in the city of New York,*" is the title of the second paper, by Dr. JOHN H. GRISCOM. It is a clear and forcible exposition of the evils to which New York is subjected for the want of a properly organized and efficient board of health, and concludes with the remark, that "with the abundant and excellent material afforded by that great city, a model sanitary police may be created, which for efficiency and good results would be unsurpassed in the world, the good influence of which would be felt throughout the State and country." We wish there was any reasonable hope that this and other similar warnings would awaken our municipal governments and citizens from the apathy with which they regard this all-important subject.

A paper on "*The Types of Fever,*" by Dr. GEO. BURR, of Binghamton, N. Y., is well written, but does not call for special remark.

Dr. NELSON WINTON, of Havana, Schuyler Co., reports an interesting case of *successful removal of an ovarian tumor.* The patient had been previously tapped nineteen times, the amount of fluid evacuated each time varying between 8½ and 16 pounds. The tumor was extensively adherent to the surrounding parts, but the adhesions appear to have been easily separated. The operation was performed Sept. 1st, 1856. The sutures were removed on the eleventh day, when union was nearly complete. In November the patient could walk about the house, and ride several miles.

The other papers in this volume are short, being chiefly reports of cases; the subjects are, Gangrenous Erysipelas; Medullary Sarcoma (in a child of 12 years of age); Sub-Malleolar Amputation; Hæmorrhage from the Urethra; Chronic Tubercular Splenitis; Vaccination, by Dr. D. P. Bissell. Most of these articles (the last is an exception), although of value as reports of interesting or rare cases, show a lamentable deficiency of simplicity, clearness and precision of style, so important in scientific subjects. We forbear making citations, but would call attention to the importance of a more thorough elementary education among our medical men.

On the whole, the Transactions of the New York Society for this year, although containing much that is of value, still are not equal to what we have a right to expect from a body embracing so many eminent men among its members. We cannot but think that the Publishing Committee might, by making greater exertions, secure papers which would reflect the highest credit upon the Society and upon the State.

Diseases of the Ear, illustrated by Clinical Observations. By JOHN NOTTINGHAM, Surgeon to the Southern Hospital, Consulting Surgeon to the Eye and Ear Institution, Liverpool. London: John Churchill. 1857. 8vo. pp. 644.

A DOZEN years ago, it was a common complaint that diseases of the ear were little studied and less understood. With the exception of a translation of the first edition of Kramer's work on the ear, there was scarcely a book in the English language, which deserved the name of

a treatise on Aural Surgery. There were, it is true, Buchanan's Guide to Acoustic Surgery; Saunders on the Ear; a poor translation of Saissy's Essay on Diseases of the Internal Ear; an Essay by George Pilcher, which received the Fothergillian gold medal; an excellent account of the anatomy and physiology of the Ear, by Joseph Williams; a book with a learned title, by an arrant quack, John Harrison Curtis, Esq., styling himself, and probably with truth, aurist in ordinary to His Majesty, surgeon to divers dispensaries, and fellow of an indefinite number of learned societies; and various other monographs there were and brief essays. Only a few of these books, however, possessed any value; and the few which were valuable owed their merit to the descriptions they gave of the anatomy of the ear, rather than of its pathology or therapeutics. On the continent of Europe a greater advance had been made in aural surgery. The work of Itard deservedly ranked and ranks among medical classics. The treatise of Kramer, which has been honored by a French as well as an English translation, was formerly authority in Germany and was far ahead of any of its English cotemporaries. The work of Lincke, also, published in two volumes of about 600 pages each, at Leipsic, in 1845, was exhaustive of the patience of the reader, as well as of all that had been said or written upon diseases of the ear, in any language, from the times of Aristotle and Galen, whom Lincke took delight in quoting down to the date of its publication. Still, with all this show of learning and array of books, little real advance had been made in the practical treatment of the diseases of audition. Physicians seemed to look upon the ear, not exactly as a terra incognita, but as a sort of opprobrium medicorum which it was best to let alone; which, like charlatanism, was best treated by being ignored.

Latterly however, observers, and able ones, have ventured into this field of study, and some of them have already gathered rich harvests of physiological and therapeutical knowledge. In 1846, Hubert Valleroux published his essay upon diseases of the ear. In the same year appeared a more elaborate and more practical work by Edward Schmalz, of Dresden. About the same time, Martell Frank, of Würzburg, published an elegant and most valuable treatise, entitled "a Hand-book of Practical Aural Therapeutics"—an admirable monograph, which has never been translated into English, though it is far more deserving of an English dress than either of the editions of Kramer's more bulky work. In 1848, P. Menière, the successor of Itard as physician in chief to the Hospital for the deaf and dumb in Paris, sent forth a French translation of Kramer, with numerous and elaborate notes and additions. Unlike most editors of republications and translators, he added to the work what was more valuable than the text. Since then, Marc de l'Espine and M. Priquet have largely contributed to the advance of aural surgery. Nor were British aurists idle during this latter period. Mr. Wilde, of Dublin, gave us a book on diseases of the ear in 1853, which deserves the first place among similar treatises. In 1854, Mr. Harvey, of London, published a small octavo of 225 pages, which does not exhibit the research of Mr. Wilde, but which proves the author to be a safe guide in his specialty. The labors of Mr. Toynbee are well known, and have already earned for him an enviable reputation. An advertisement in one of the London journals informs us that a work by him on diseases of the ear may

soon be expected. And just now, in the Spring of 1857, we are greeted with a portly volume, fresh from the London press, by a Liverpool surgeon and aurist, the title of which we have placed above.

Mr. Nottingham's work, which we have introduced by a preface longer than we intended, and longer than our notice of it will be, is printed on unexceptionable paper, and with a type that accomplishes all that type can do to make reading delightful. It is entitled "Diseases of the Ear." A more exact name would be a Clinical Record of Diseases of the Ear. As Touchstone said to his friend Corin concerning his mode of life, that "in respect of itself it was a good life; but in respect that it was a Shepherd's life it was naught;" we may say of Mr. Nottingham's book, that in respect to its being a record of cases, it is a very good record; but in respect to its being a treatise on Aural Surgery, it is naught. By saying this, me mean no discredit to the author or his book. He has given us an account of a large number of cases of diseases of the ear, with remarks upon them. The book is a collection of cases, which are well drawn up, and illustrate most of the different phases of aural disease. They show the author to be a practitioner well acquainted with the special affections of which he has given a clinical record. The remarks which he makes upon them are generally practical, but do not possess the value of the cases themselves. Still, as a hand-book of reference for the treatment of diseases of the ear—as a guide to general practitioners for the management of these affections, it is of little value. It gives the author's practice, without the principles which directed it. He does not generalize, except incidentally, or attempt to group his cases together by their leading characteristics. The book exhibits a mass of individual facts, but not the generic characters, which unite more or less of them. The task of describing the diseases to which the ear is liable, and of determining their principles of treatment, is left to the reader. He gives the record; from that the student must elaborate the principles. We do not deny that there is great virtue in doing this. At the present day, when writers are so apt to draw upon their imagination for their facts, it is refreshing to meet with a man who is willing to deal out facts alone. We cannot help regretting, however, that one, who evidently has such a large experience to fall back upon, should not have put that experience into a better shape for others' use.

The cases which compose the book are arranged in eight sections. The first section contains cases illustrative of deafness, caused by loss of more or less of the membrana tympani. The advantages resulting from the employment of an artificial substitute for the membrane are shown by numerous instances of the use of moist cotton, or other means of stopping up a perforation. The second section contains a large series of cases of "diseases of the auricular region, auricle and external meatus." The third section exhibits affections of the membrana tympani, such as opacity, inflammation, perforation. Here we see an instance of the imperfect arrangement to which we referred. There is no good reason for separating the third section from the first. Section fourth treats of otorrhœa. As otorrhœa is only a symptom and not a disease, this section, of course, contains cases of disease of the external meatus, of the membrana tympani, of polypus, of the sequelæ of the exanthemata, &c. It is very like attempting to describe cases of diseases of the chest under the generic name of cough. Sec-

tion fifth is concerned with disease of the Eustachian tube and throat. The sixth section illustrates what Mr. Nottingham terms "Surgical diseases and injuries of the head and face, affecting the Ear." The seventh contains diseases of the labyrinth and internal ear. The last section is the most interesting of the book. It is an essay, illustrated by examples, upon deaf-dumbness, whether congenital or acquired, and mutism.

It is evident, from a perusal of the book, that the author is an excellent practical aurist. More than this, he is not merely an aurist, but a general surgical practitioner. He is more than a specialist. He is a surgeon, who is not narrowed down to one minute department—but one who looks upon the ear as intimately connected with the general economy, and not as an independent entity. This is a great excellence for a practitioner. Modern specialists are too apt to forget the predominating influence of the general system, and to elevate their own favorite objects of study and practice into the position of being the central power of the body. The fact of Mr. Nottingham's evident excellence as a practitioner, as indicated by his record of cases, makes us regret the more keenly the imperfections of his book. It is clear that he might have written a better work. We hope he will. E. H. C.

A Manual of the Detection of Poisons by Medico-Chemical Analysis. By Dr. Fr. Jul. Otto, Professor of Chemistry in Caroline College, Brunswick. Translated from the German, with notes and additions, by William Elderhoest, M.D., Professor of Chemistry in the Rensellaer Polytechnic Institute, Troy, N. Y. New York: H. Baillière. 1857. 12mo. pp. 178.

This work pretends to be no more than a simple chemical *Manual* for the detection of poisons; but, from its general plan, its systematic arrangement, its generally very full exposition of the various methods adopted by different chemists in analyses for poisons, as well as from the high scientific position of its author, it certainly should be considered a *treatise* rather than a *manual*. As in works upon inorganic chemical analysis, so in this, directions are given for a systematic examination of the suspected substances for any or all of the common poisonous matters, whether mineral or vegetable.

The chemist, in pursuing the plan here set forth, does not start with the supposition that the poison is either arsenic or corrosive sublimate, and consider that his duty is accomplished when he has determined either the presence or absence of one of these. He searches for one or all of the poisons. He first examines a small portion with the aid of heat, for prussic acid, and then adds sulphur, and with a greater amount of heat he looks for indications of phosphorus. He then tests a second portion for the alkaloids, such as strychnine, morphine, atropine, &c., by the method of Stas. This is founded upon the fact that the alkaloids form acid salts, which are soluble in water and alcohol; and that, on decomposing the solution by means of an alkali, and agitating it with ether, the liberated base dissolves in the ether. The alkaloid thus separated may be volatile, as conicine or nicotine—or non-volatile, as morphine or veratrine; processes are then given to distinguish the individual alkaloid. A third portion of the suspected matters he then examines for the mineral poisons, by me-

thods well known to chemists, and which are given in detail, but with simplicity, in this volume.

By such a systematic method, the recognition of any of the common poisons is almost, if not completely, within the bounds of certainty, unless they exist in very minute quantity.

The author gives a succinct account of the various methods which have been adopted for the detection of arsenic; a chapter upon the detection of alcohol in minute quantities, and also of chloroform; and another upon the examination of suspected blood-stains. This last article gives a *resumé* of the best chemical processes for the recognition of blood, but leaves the microscopical test untouched, because the author does not consider himself "sufficiently qualified to escape its fallacies." We think, therefore, that this chapter is not complete, and that the aid of a microscopist is required to perfect it.

The American editor has made some important additions in the article on hydrocyanic acid: he has inserted a chapter upon oxalic acid, and has given Marshall Hall's physiological test for strychnia. The book should be in the possession of all persons liable to be called upon in medico-legal investigations. B. S. S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 2, 1857.

SELF-MEDICATION—QUACK PUBLICATIONS.

The propensity to swallow unknown compounds in unlimited quantities, for real or fancied ailments, has always more or less actuated mankind, and especially womankind. The amount of damage done to the body and mind in this way may be safely pronounced incalculable. No potion is too nauseous, no external application too severe and disgusting, for popular credulity to gulp down, or for popular endurance to bear—provided they be pronounced "something new," have a certain amount of mystery about them, and be puffed vigorously by the daily papers, whose editors cannot, by any possibility, *know* anything of their nature, application, or the danger arising from their reckless administration.

Now, there is no law to prevent self-medication (*alias* self-destruction), and hitherto no reasoning has availed to open the eyes of the countless dupes of impostors and selfish penny-catchers—people expend their hard-earned gains for that which is not medicine, and, literally, "their labor for that which satisfieth not"; and the more audacious the pretender who empties their pockets so deftly, the better they appear to like him and his doses. The honest feeling which prompts the physician to warn those whom he sees thus deceived, is interpreted as an interested plea for himself, and whilst well-informed and *soi-disant* honorable editors laud the quack, and give him full opportunity to display himself in their columns, they never lose an occasion for a paltry fling at the true physician, in the shape of some miserable pun or perverted narration. Such things as the following, for instance; "How many deaths?" asked the physician. "Nine,

sir." "Nine! why I ordered medicine for *ten*." "Yes, sir, but one wouldn't take it." The *Transcript* lately chuckled over this sublime paragraph, and is by no means alone in the elevated occupation. These, and similar scraps, which serve to fill blank spaces in daily journals and thus lessen the tax upon their managers' cerebral stock, so often far below *par*, remind us of the small, round *puncta* left by summer flies on every clean thing they can light upon, whilst engaged in their otherwise useful occupations (for the *least* fly has its uses), or harmlessly buzzing for their own enjoyment.

If the crowds who are wedded to the imbibition of draughts of patent medicine and to the ingestion of patent pills done into existence in untold and untellable numbers, and by machinery, even, will not believe the physician who speaks to them truths like those enunciated by Sir John Forbes in his "Nature and Art in the Cure of Disease," or such as were long since put into type by our own Bigelow—nay, if people who are governed by common sense in every-day matters of far less consequence than the care and restoration of their health, will not listen to the daily, disinterested advice of the medical men about them—advice for which no fee is sought, but only trust and trial of it asked—why they must take their course and abide the consequences —more's the pity. The blame, however, lies largely at the door of those who, having charge of the newspaper press, are willing, directly or indirectly, to pander to the atrocious pretensions of medicine-venders in general. From Brandreth's pills, now measured by cart-loads, to Peruvian Syrup, the pet of the *Boston Daily Advertiser*, and whose parentage is odorous of humbug, down to Antiphlogistic Salt, *alias* salæratus, what a bundle of trash have these respectable vouchers of nostrums assisted in binding upon the broad and patient shoulders of the gullible public!

Were we, or any one, to speak of the *responsibility* thus recklessly assumed, astonishment would possibly render these scribblers' faces blanker than usual; or very probably we should be reminded that the age is rapidly advancing, if not already upon us, when every one is to be his own physician—just as, amongst other bubbles, we lately saw it announced that "every one" might be his "own printer"! How much, however, of this latter occupation is it likely will be exercised? About as much as it is supposable would obtain, if every man were to instal himself "his own" watchmaker, baker, cobbler or tailor. We can assure all who are eager to try prescribing for sick folk—especially if they themselves are the patients—that they will, in ninety-nine cases out of one hundred, make sad, blundering work of it, and the one hundredth will very likely cap the climax by introducing the great *ultimatum* itself—*et mors pallida in æternum sedebit*—at least over their pretensions. The best physicians are the least inclined to drug their patients—but *such alone* know how and when to administer the potent remedies at their command. Why should the unskilled wish to handle dangerous tools—why should there be so many willing to be thus tampered with?

A very injurious and truly a most disgusting feature of quackery is the flooding of the book-market with "treatises" (so called) upon various disorders and diseases; these, got up for the popular eye, are not only notoriously unreliable as guides, but very generally cater to the worst tastes, and tend in many instances to induce the very evils

they pretend to teach a cure for. The only truths they contain are stolen at random from works of real value, but these are so mis-applied, or perverted in other ways, that, paradoxical though it seem, error is instituted by truth, and much mischief done by weapons which, wielded by those who forged them for legitimate uses, often prolong life even in desperate cases, and are constantly benefiting humanity in less grave emergencies. We have often, and sometimes much to our astonishment, found these publications in the hands of well-educated, and, on other grounds, sane and sensible persons. Lately, by a singular accident, one of these books fell into our hands; it was sent to us by mistake instead of a medical volume which had been borrowed by a relative of the sender. It was a "yellow-covered," abominably ill-favored affair, full of badly-executed engravings and worse maxims, marvellously ill-chosen, and all purporting to be a "Guide in Female Diseases." Alas! that a woman should give such a production house-room—much more be "guided" by it! Still worse than this was another "yellow-covered" compound, setting itself up as a sure "Guide" in the treatment of spermatorrhœa (every one, we suppose, to be considered "his own" spermatorrhœa-curer), and this was shown to us by a patient, who, after being *guided* by it for some months, and only getting worse, began to have the dawning of an unbelief in its power to enlighten his darkness. The book was positively *beastly*—that is the word for it; its frontispiece was a nude female figure, temptingly limned in colors, the face and bust handsome and well-proportioned, the genital organs drawn so as to exhibit partly their external and partly their internal arrangements, &c. Interspersed through the text were other figures and portions of organs, &c., of the most objectionable description. It is needless to say that such a pocket-companion could but aggravate the trouble it dishonestly promised, by its revelations, to cure. The young man who had purchased it had himself come to this conclusion, and was ready to resign it, together with the vile mixtures he had been taking, and to adopt a different course.

How long shall such practices disgrace the land and ruin thousands? Whilst these deluded persons brood over their ailments at the same time they con such dirty pages and their dirtier illustrations, the empirical adventurer "puts money in his purse" by feeding the flame he pretends to quench. It were greatly to be desired that all such pests could be indicted for obtaining money under false pretences—the only way, it seems to us, to abate the nuisance; and if the authors manage to dodge the responsibility, let the publishers and venders be visited with the penalty—a doom as fitly belonging to them as to the sellers of any other *obscene* prints and books.

LUMBRICI EXPELLED BY SUBNITRATE OF BISMUTH.

We translate the following from the *Gazette des Hopitaux* for March 12th, 1857. The remarkable case of impaction of the intestine with lumbrici, lately related in our pages, and its fatal result after such obscure and irrelevant symptoms, will induce the administration of anything which will safely and surely expel these parasites, on suspicion, even, of their presence in the intestines.

"It may be said without exaggeration that the number of vermifuges is so large that the practitioner is only puzzled to choose one

from the list; all, however, act more or less injuriously upon the intestinal mucous membrane. A new one is now offered not liable to the objection just mentioned, and which may consequently render genuine service.

"Josephine X., 22 years old, a resident at Valencia, Spain, of lymphatic temperament and feeble constitution, came under observation May 2d, 1856. Teeth in good condition. No other disease ever experienced, except measles. Face pale, cheeks flushed at intervals, skin warm, patient apparently in a profound slumber. Pupils dilated and uninfluenced by bright light, eyelids covering the globe of the eye, sclerotic of a bluish-white color; countenance sad when she is aroused, then, immediately, a state of deep coma succeeds. Tongue whitish, thirst moderate, complete anorexia; abdomen soft and not painful on pressure, notwithstanding there is abundant diarrhœa, the discharges being of a glairy, mucous nature. Pulse hard and quick; respiration accelerated. Urine cloudy, and depositing a light sediment.

"This group of symptoms, of which fever, coma and diarrhœa were the most prominent, not being sufficiently characteristic to give a name to the affection, soothing drinks alone were directed.

"The same symptoms persisting the next day, and the diarrhœa having increased, subnitrate of bismuth was given, 4½ grains thrice during the twenty-four hours.

"On the 4th of May, the patient had passed from the bowels a mass of lumbrici, 27 in number, each three inches long. The coma at once disappeared, the eyes became animated, the circulation, heat and respiration regained their normal condition, and the diarrhœa ceased immediately. With the idea that other worms were still in the bowels, three grains of calomel were given, twice in twenty-four hours, and were followed by the expulsion of two other lumbrici, the next day, without any other symptom.

"This observation clearly manifests all the difficulty and uncertainty to which the physician is liable in forming his diagnosis. The dilatation of the pupils and the coloration of the sclerotic were insufficient to indicate the presence of worms; and, whilst the alternate pallor and flushing of the face, together with the coma, might excite a fear of commencing encephalitis, the diarrhœa annulled this suspicion: and again, if the diarrhœa gave rise to apprehensions of enteritis, the nature of the discharges, and the absence of other symptoms peculiar to that affection, forbade this idea.

"The expulsion of a quantity of ascarides lumbricoides immediately after the administration of bismuth, is another fact hardly less inexplicable. The salt used could not have acted as a vermifuge in consequence of containing arsenic, for it was perfectly pure. Has this medicine, then, a new property? How can we, in this view, explain its action in those infinitesimal doses still persisted in by certain practitioners, when no accidents occur, according to M. Monneret, when it is given in the dose of from four to five drachms and more, daily; in fact without being weighed, and hardly measured? At all events, having lately given it as an antacid to a lady, it caused the rapid discharge of five lumbrici."—*Boletin del instituto-medico-Valenciano; et Journal des connaissances Médicales.*

Impudent Fraud.—A widely-circulated pamphlet, of a description well known to most of our readers, called "A few Words on the Rational Treatment of Spermatorrhœa and its Concomitant Complaints, by means of Dr. De Laney's newly-invented Curative Instrument," contains an extract purporting to be taken from this Journal, recommending Dr. De Laney's instrument. The extract is copied with such omissions and alterations as to make it applicable to a wholly different article from the one originally referred to, and the use of it in this way amounts in effect to a base forgery. Of course no honorable man would be guilty of such an act.

Death of Mrs. Perry.—We regret to notice the death of Mrs. Abby Perry, wife of Dr. Marshall S. Perry. This event, which occurred on Monday last, has cast a deep sorrow over the extensive social circle in which Mrs. Perry moved, and where her many virtues were eminently appreciated.

Plagiarism.—The North American Medico-Chirurgical Review for July, in a notice of a work on the microscope by an Englishman by the name of Hogg, shows that the author has deliberately appropriated a large part of Dr. Wythe's deservedly popular book entitled "The Microscope," without making the slightest acknowledgment to Dr. W.

Health of the City.—During the last five weeks the mortality of Boston has been low, as is usually the case at this season. The number of deaths has been for each week as follows: 60, 67, 59, 72, 58, and the prevalent diseases have been consumption, pneumonia, convulsions and scarlatina. We notice that there were but nine deaths from phthisis during the last week, an uncommonly low number. Pneumonia has been rather more prevalent than usual, owing doubtless to the coldness and dampness of the season. During the week there were six deaths from scarlatina. The number of deaths reported during the corresponding week of 1856 was 72, of which 19 were from consumption, 2 from pneumonia, 4 from scarlatina, and 2 from convulsions.

Books and Pamphlets received.—Catalogue of Human Crania in the collection of the Academy of Natural Sciences of Philadelphia. By J. Aitken Meigs, M.D.—Address before the Connecticut Beta of the Phi Beta Kappa Fraternity. By Benjamin Apthorp Gould, Jr.—Summer Medical Training in Philadelphia; an Introductory Lecture, &c. By Edward Parrish.—Quinine in Fever. By Isaac Casselberry, Evansville, Ind.—Experiments upon Digestion. By Francis G. Smith, M.D. Philadelphia.

MARRIED,—In Medford, 18th ult., Dr. W. W. Codman, of Boston, to Miss Ellen Train, of M.—In Pepperell, Dr. Francis A. Howe, of Newburyport, to Miss Mary F. Lewis.—At Exeter, N. H., 11th ult., John Stevens, M.D., of Boston, to Mrs Olive R. Hoyt, of E.—In Washington, D. C., May 5th, Dr. Wm. H. Mussey, of Cincinnati, to Miss Carrie, daughter of Harvey Lindsly, M.D, of Washington.—In Wilmington, N. C. 17th ult., Dr. Henry W. Mason, of Boston, to Miss Marian Gage, of W.—At Philadelphia, June 16th, Dr. John D. Bryant to Mary Harriet Riston, all of that city.

DIED,—In Westboro', 7th ult., suddenly, of inflammation of the bowels, Dr. Benjamin Pond, 68; for almost thirty years an annual advance-paying subscriber to this Journal.—At New York, John Neilson, M.D., 83.—In Charleston, S. C., 8th ult., Dr. Thomas Y. Simons.—In this city, June 29th, Mrs. Abby Perry, wife of Dr. Marshall S. Perry.

Deaths in Boston for the week ending Saturday noon, June 27th, 58. Males 25—Females, 33.—Accident, 4—apoplexy. 1—asthma, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 9—convulsions, 5—dropsy, 4—dropsy in the head, 2—debility, 1—infantile diseases, 5—puerperal, 2—erysipelas, 1—typhoid fever, 1—scarlet fever, 6—disease of the heart, 2—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 3—palsy, 1—scrofula, 1—teething, 1.

Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 37—Ireland, 15—other places, 6.

Rhode Island Medical Society.—The Rhode Island Medical Society held its forty-sixth annual meeting in Providence, on the 3d ult. Dr. Isaac Ray, of Providence, was re-elected as its President for the ensuing year. 1st Vice President, Dr. Jas. Eldridge, of East Greenwich; 2d Vice President, Dr. C. W. Parsons, of Providence; Recording Secretary, W. O. Brown, of Providence; Corresponding Secretary, Dr. G. P. Baker, of Providence; Treasurer, Dr. G. L. Collins, of Providence. The following gentlemen were elected honorary fellows of the Society. Drs. Henry I. Bowditch, of Boston; Joseph M. Smith, New York; Francis D. Condie, Philadelphia; David Braynard, Chicago; René La Roche, Philadelphia; Charles A. Pope, St. Louis; Zina Pitcher, Detroit; and Prof. Dickson, Charleston, S. C.

The Trustees of the "Fiske Prize Fund" announced that they had awarded a prize of one hundred dollars to David Hutchinson, M.D., of Mooresville, Morgan Co., Ind., for a dissertation on the question "What are the causes and nature of that disease incident to pregnancy and lactation, characterized by inflammation and ulceration of the mouth and fauces, usually accompanied by anorexia, emaciation and diarrhœa, and what is the best mode of treatment?"

They offer two prizes of one hundred dollars each, the present year, for the best dissertations on subjects duly announced by them.

The Medical School of Vienna.—We find, in a letter addressed by Dr. Purdy to the Editor of *L'Echo Medicale Suisse* (March, 1857), the following particulars touching medical teaching at Vienna:—

The general hospital, containing 3000 beds, is exclusively intended for clinical instruction. The wards are lofty and well ventilated, averaging from twenty-eight to thirty-six beds; but the diet is of an inferior kind. There are four subdivisions for Medicine, at the head of which are Drs. Oppolzer, Skoda, Von Raimann, and Helm; one for Skin Diseases, under Hebra; one for Venereal Diseases (Sigmund); two for Surgery (Schuh and Dummreicher); one for Diseases of the Eye (Arlt); and two for Midwifery (Braun and Bartsch). There are, besides, two chairs connected with the hospital—one of Pathological Anatomy (Rokitansky); and the other of Forensic Medicine (Dlauhy).

The author of the letter considers Dr. Oppolzer as a very accomplished teacher, and extremely anxious to convey knowledge at the bed-side. Skoda is too fond of hypothesis, too sceptical as to therapeutics, and too much inclined to confine his attention to the mechanical play of organs. Hebra, continues the writer, has made good use of his splendid opportunities, and renders the study of skin diseases extremely attractive; but he is too dogmatical, indulges too much in sarcasm as regards his brother professors, and forgets that the labors of our forefathers are worthy of every respect. Sigmund is antagonistic to Ricord, and gives a two months' course on venereal diseases Surgery is rather weak, and not to be compared to Heidelburg (Chelius) and Berlin (Langenbeck). The eye clinique is under the care of Arlt, who operates extremely well. Excellent opportunities are offered in the midwifery subdivision, where the student on duty is allowed to perform operations. Rokitansky is entirely relying on his assistant, and is getting indifferent to teaching. Young Jaeger is considered to be a worthy successor to his father, and is producing a magnificent atlas of morbid states of the eye seen through the ophthalmoscope.—*London Lancet.*

Surgical Operation.—The newspapers give an account of an operation for osteo sarcoma by Drs. Foster, of Ypsilanti, and Hallowell, of Detroit, Mich. The entire right upper jaw, with the cheek-bone and infra-orbital plate, was removed. The patient gradually recovered from the effects of the chloroform during the dressing of the wound, and was doing well.

Costly Medicine.—A London (Eng.) paper says: "The consumption of wines in our public hospitals constitutes one of the heaviest items of their expenditure. The wine account at Guy's Hospital last year was £1083; the spirit account, £376—total, £1459. At St. Thomas's the wine account was £629; spirit account, £521—total, £1150; or £2609 in one year in the borough hospitals alone.